

\_\_\_\_\_ **Public School**  
**Job Shadow Appointment and Liability Release**

***Appointment***

Student's Name \_\_\_\_\_

Career Interest \_\_\_\_\_

Job Shadow Site:

Contact Person \_\_\_\_\_

Business Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

*Remember that appropriate dress and professional behavior will make the Job Shadow experience more rewarding and enjoyable.*

Transportation Arrangements \_\_\_\_\_

Directions \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

***LIABILITY RELEASE***

\_\_\_\_\_ hereby agrees to hold harmless and indemnify \_\_\_\_\_ for any  
(parent) (job shadow site)

and all causes of action arising out of \_\_\_\_\_ involvement in job shadowing.  
(participant's)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Participant's Signature)

**This signed form must be returned to the \_\_\_\_\_ High School Office at least one day BEFORE student goes on the Job Shadow. A copy of the form will be made for the student, for their information and/or to give to the employer – should the employer make that request.**